

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

JUN 16 1937

1. PLACE OF DEATH
County Barry Registration District No. 30 File No. 19327
Township _____ Primary Registration District No. 3003 Registered No. 29
City Monett (No. _____) St. _____ Ward _____

2. FULL NAME Josiah Carmack
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 7, 1889</u>					
7. AGE	YEARS <u>48</u>	MONTHS <u>3</u>	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>coach bleamer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>cars by co</u>				
	10. Date deceased last worked at this occupation (month and year) <u>May 20, 1937</u>				
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monett, Missouri</u>					
MOTHER FATHER	13. NAME <u>John A. Carmack</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kennesaw</u>				
	15. MAIDEN NAME <u>Ellen Mc Cormick</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>				
17. INFORMANT <u>Montie Carmack</u> (ADDRESS) <u>Monett mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>2007 Cemetery</u> DATE <u>May 22, 1937</u>					
19. UNDERTAKER <u>Callaway</u> (ADDRESS) <u>Monett mo</u>					
20. FILED <u>5-22-1937</u> <u>W. M. West</u> Registrar.					

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1937, to May 20, 1937.
I last saw him alive on Sat May 20, 1937. Death is said to have occurred on the date stated above, at 11:00 A. m.
The principal cause of death and related causes of importance were as follows:
Coronary occlusion Date of onset 30 min

Other contributory causes of importance:
Coronary Occlusion 2 yrs.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Ernest Mitchell, M. D.
(Address) Monett mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

